

MONTHLY ACCOUNTING OF ACTIVITIES REPORT (Health Check)

County Name: _____ Month _____ Year _____

Coordinator: _____ Phone Number: _____

COORDINATOR TIME:

1. _____ Total number of weekdays (M-F) for the month
2. _____ Number of hours in your work day
3. _____ Total number of hours for the month (multiply line 1 X line 2)
4. _____ Total number of hours taken off for holidays and leave
5. _____ Total hours actually worked (subtract line 4 from line 3)

COORDINATOR ACTIVITIES:

I. CLIENT SERVICES CATEGORY	TOTAL HOURS
6. Client Contact <i># of Contacts:</i> <i>Type of Client Contact:</i> 6a. _____ Letters 6b. _____ ER Phone Calls 6c. _____ All Other Phone Calls 6d. _____ Home Visits 6e. _____ Other* Complete 6g 6f. _____ Total Contacts *6g. Describe: _____	6. <div style="background-color: #cccccc; height: 100px; width: 100%;"></div>
7. Other Client-Related Activities, please check activities & indicate hrs: 7a. _____ Hrs Client Advocacy and Referrals 7b. _____ Hrs AINS/Ad hoc Reports 7c. _____ Hrs Charting Client Contacts 7d. _____ Hrs Other* Complete 7e *7e. Describe: _____	7. <div style="background-color: #cccccc; height: 100px; width: 100%;"></div>
8. Subtotal of Client Activities (lines 6+7)	8.

II. OUTREACH CATEGORY	TOTAL HOURS	
	Health Check	Health Choice
9. Provider Outreach	9a.	9b.
10. Community/Client Outreach	10a.	10b.
11. Subtotal of Outreach Activities (lines 9+10)	11a.	11b.

III. OTHER CATEGORY	TOTAL HOURS	
12. Non-Client Related Activities, please indicate hrs & check activities: 12a. _____ Hrs MAAR 12b. _____ Hrs Prgrm Related Mtgs/Training 12c. _____ Hrs Site Visit & Prep 12d. _____ Hrs Other * Complete 12e *12e. Describe: _____	12. <div style="background-color: #cccccc; height: 100px; width: 100%;"></div>	
13. Non-Program Related Activities, please indicate hrs & check activities: 13a. _____ Hrs Non-related Mtgs/Trainings 13b. _____ Hrs Other* Complete 13c *13c. Describe: _____	13. <div style="background-color: #cccccc; height: 100px; width: 100%;"></div>	
14. Subtotal of Other Activities (lines 12+13)	14.	

15. TOTAL HOURS (lines 8+11a+11b+14) = #5 above	15.
--	------------

Required Signatures:

Health Check Coordinator _____ Date _____ Supervisor _____ Date _____